

**OUTGOING MESSAGE**

| SIGNAL CENTER USE ONLY                               |      |                 |      |       |                        |                         |     |    |        | PAGE |
|------------------------------------------------------|------|-----------------|------|-------|------------------------|-------------------------|-----|----|--------|------|
| AGE                                                  | COPI | TO              | FROM | DATE  | TIME                   | CLASS                   | NO. | BY | NUMBER |      |
| OMF                                                  | 0    | 0               | 0    | 0     | 0                      | 0                       | 0   | 0  | 0      |      |
| <b>C O N F I D E N T I A L</b>                       |      |                 |      |       |                        |                         |     |    |        |      |
| MESSAGE HANDLING INDICATOR                           |      | DATE TIME GROUP |      | OFF   |                        | MESSAGE HANDLING NUMBER |     |    |        |      |
| STAFF                                                |      | FBIS            |      | 22696 |                        |                         |     |    |        |      |
| TO: FBIS/TEL AVIV.Y                                  |      |                 |      |       |                        |                         |     |    |        |      |
| ADMINY                                               |      |                 |      |       |                        |                         |     |    |        |      |
| SUBJECT: TELETYPEIST EOD - [REDACTED]                |      |                 |      |       |                        |                         |     |    |        |      |
| REFS: A. FBIS/TEL AVIV 624974                        |      |                 |      |       |                        |                         |     |    |        |      |
| B. FBIS/TEL AVIV 103104                              |      |                 |      |       |                        |                         |     |    |        |      |
| [REDACTED]                                           |      |                 |      |       |                        |                         |     |    |        |      |
| 1. APPROVAL GRANTED TO EOD [REDACTED] AS AN FBN-4/3  |      |                 |      |       |                        |                         |     |    |        |      |
| TELETYPEIST. EMPLOYEE NUMBER [REDACTED] PLEASE POUCH |      |                 |      |       |                        |                         |     |    |        |      |
| ALL DOCUMENTS TO ADMIN/FNU, ATTN: [REDACTED]         |      |                 |      |       |                        |                         |     |    |        |      |
| [REDACTED]                                           |      |                 |      |       |                        |                         |     |    |        |      |
| COORD: OPS <i>B</i>                                  |      |                 |      |       |                        |                         |     |    |        |      |
| DATE: 10 SEPT. 86                                    |      |                 |      |       |                        |                         |     |    |        |      |
| ORIG: [REDACTED]                                     |      |                 |      |       |                        |                         |     |    |        |      |
| UNIT: AC/FNU/FBIS                                    |      |                 |      |       |                        |                         |     |    |        |      |
| EXT: [REDACTED]                                      |      |                 |      |       |                        |                         |     |    |        |      |
| D/FBIS                                               |      |                 |      |       | C/ADMIN STAFF/FBIS     |                         |     |    |        |      |
| RELEASING OFFICER                                    |      |                 |      |       | COORDINATING OFFICERS  |                         |     |    |        |      |
|                                                      |      |                 |      |       | AUTHENTICATING OFFICER |                         |     |    |        |      |

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